



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

November 23, 2005

NOBLITT & GILMORE, LLC
ATTN: DANIEL J. NOBLITT
4800 NORTH SCOTTSDALE ROAD
SUITE 600
SCOTTSDALE, AZ 85251
US

Dear Sir/Madam,

Your refund request for 10698692 in the amount of \$491.00 has been denied.

I do not see where any unauthorized claims were charged. See enclosed fee sheet.

Sincerely,

ELEANOR KURTZ
Technical Center Others
703 308-9010 x177

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 925.00)

Complete If Known

Application Number	NYA
Filing Date	31 Oct 2003
First Named Inventor	Donadio
Examiner Name	NYA
Art Unit	NYA
Attorney Docket No.	AZMED.0100

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number
Deposit Account Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	385		
1002 330	2002 165	Design filing fee			
1003 520	2003 260	Plant filing fee			
1004 750	2004 375	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1)		(\$ 385.00)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	66	-20** = 46	x 9 = 414
Independent Claims	5	- 3** = 2	x 43 = 86
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 64	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue Independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 885.00)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 925.00)

(Complete if applicable)

Name (Print/Type)	Daniel J. Noblitt	Registration No. (Attorney/Agent)	35,969	Telephone	480.994.9859
Signature					
	Date	31 Oct 2003			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

AZMED.010

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	66	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	66 minus 20=	* 46
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=	414	OR X\$18=	
X43=	86	OR X86=	
+145=		OR +290=	
TOTAL	485	OR TOTAL	

SMALL ENTITY OR OTHER THAN
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Dep Ref fm

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REQUEST FOR
REFUND

Patent Application

PATENT & TRADEMARK
OFFICE

Address to:
Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

Application Serial No.	10/698,692
Filing Date	31 October 2005
First Named Inventor	Donadio, III, James V.
Art Unit	1732
Examiner Name	Beck, David Thomas
Attorney Docket Number	AZMED.0100

Director:

Request is hereby made for refund of \$491.00 for the unnecessary payment for non-elected claims not processed by the Office. A copy of the previously submitted fee sheet is enclosed.

Accordingly, please forward the refund amount of \$491.00 to the undersigned at the following address:

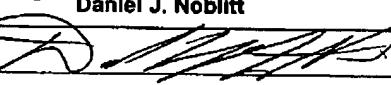
Daniel J. Noblitt
NOBLITT & GILMORE, LLC.
4800 North Scottsdale Road
Suite 6000
Scottsdale, AZ 85251

If it would help to expedite this refund, please contact the undersigned at the telephone number listed below.

I am the:

Applicant/Inventor
 Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or Agent of record. Registration number 35,969.
 Registered practitioner named in the application transmittal letter in an application without an
Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Daniel J. Noblitt

Signature 

Date August 22, 2005 Telephone 480.994.9859

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below.

AUG 24 2005

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**FEET TRANSMITTAL
for FY 2003**

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TOTAL AMOUNT OF PAYMENT (\$ 925.00)

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Deposit Account:Deposit Account Number: _____
Deposit Account Name: _____The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEET CALCULATION****1. BASIC FILING FEE**

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SUBMITTED BY

Name (Print/Type)	Daniel J. Noblitt	Registration No. (Attorney/Agent)	35,969	Telephone 480.994.9859
Signature		Date	31 Oct 2003	

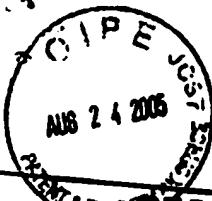
(Complete if applicable)

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 Registered practitioner named in the application transmittal letter in an application without an
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Typed or Printed
Name

Daniel J. Noblitt

Signature

August 22, 2005

Telephone 480.994.9859

TE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
 ms if more than one signature is required, see below.